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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,601	08/20/2003	Samuel Masket	MSKT1P001	5570
22434 BEYER WEAV	7590 11/21/2007 'ER LLP		EXAMINER	
P.O. BOX 7025		·	THALER, MICHAEL H	
OAKLAND, CA 94612-0250			ART UNIT	PAPER NUMBER
			3731	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## Application No. Applicant(s) 10/644,601 MASKET, SAMUEL Interview Summary Examiner Art Unit Michael Thaler 3731 All participants (applicant, applicant's representative, PTO personnel): (1) Michael Thaler. (3) (4)\_\_\_\_\_. (2) Dean Wolf. Date of Interview: 15 November 2007. Type: a) ☑ Telephonic b) ☐ Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e)⊠ No. If Yes, brief description: \_\_\_\_\_. Claim(s) discussed: 16 and 34. Identification of prior art discussed: Ocel et al., Burton. Agreement with respect to the claims f was reached. g was not reached. f N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The Office Action was discussed. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER. TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required